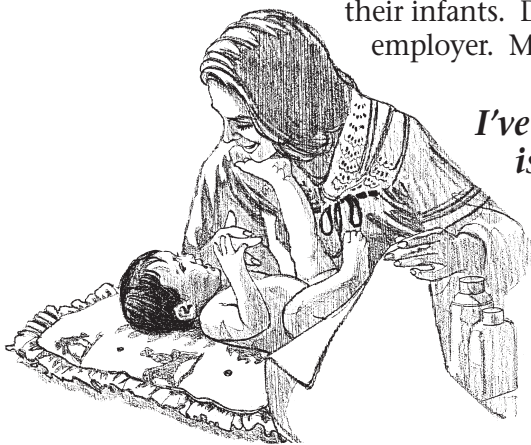


## Contraception During Breastfeeding

### *Should I breastfeed my baby?*

Breast milk provides the best nutrition for infants. In addition, during breastfeeding the infant receives antibodies from the mother that help the baby's immune system develop. In the United States, many women work; however, it is possible to continue to breastfeed after returning to work. Working mothers can use breast pumps to keep providing breast milk to their infants. Discuss the options with your clinician, family members, and your employer. Many employers can provide facilities to aid in breastfeeding.



### *I've heard that you can't get pregnant while you breastfeed — is that true?*

Not necessarily. During breastfeeding the chance of getting pregnant is lower; however, women still can get pregnant. The sucking of the nipple helps to prevent ovulation (release of an egg). The most complete protection from ovulation and pregnancy comes when mothers *only* breastfeed. That means the mother is feeding the baby on demand, including during the night, and not giving *any* extra feeding with a bottle. Many women do not wish to nurse this way.

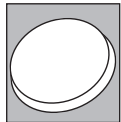
### *When should I start using contraception?*

It's a good idea to discuss contraception with your clinician *before* you give birth. That way you can decide what method is best for you without the added pressures of a new baby. Another good time to discuss birth control is before you leave the hospital. Breastfeeding women have many birth control choices.

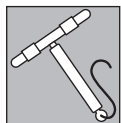


### **Nonhormonal methods of contraception**

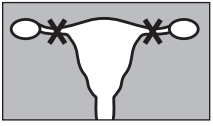
*Condoms and spermicides, such as foam or cream, can be used with no impact on breastfeeding. The vagina of the nursing mother may be dryer than normal, which can make condoms irritating. If this is a problem for you, use additional lubrication.*



*Barrier methods such as the diaphragm and cervical cap with spermicides have no effect on breastfeeding. Check with your clinician to refit the device because you may need a larger size after having a child.*

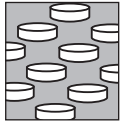


*The intrauterine device (IUD) is very effective at preventing pregnancy. Two types of IUDs are available in the U.S. — a copper-containing device and a progesterone-containing device. Neither IUD affects the quality or quantity of breast milk. The progesterone-IUD releases a very small amount of hormone into the uterus, where it works locally. Women who breastfeed can have the IUD inserted after the uterus returns to its normal shape and size.*



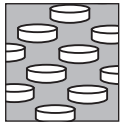
*Tubal sterilization* (“having your tubes tied”) affects breastfeeding only if general anesthesia is required (that is, you are put to sleep for the operation). Anesthetic medication can pass through the breast milk—this breast milk should be discarded for 24 hours after surgery. You can keep the milk coming by squeezing it out by hand or by using a breast pump. Regional anesthesia, which makes your belly numb although you are awake, is often better for a number of reasons.

### ***Hormonal methods of contraception***



#### *Progestin-only Oral Contraceptives or “The Minipill”*

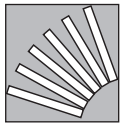
The minipill contains only a progestin (a female hormone). The method, when used daily, is highly effective for breastfeeding women. This method of contraception has a slightly higher failure rate than oral contraceptives (OCs) containing both estrogen and progestin. But during breastfeeding, women are not as fertile. A small amount of hormone passes into the breast milk but has no known bad effects on the infant. Indeed, some studies have suggested a good effect on the quantity and quality of breast milk. When the woman stops breastfeeding the baby, some clinicians suggest switching to combination OCs, which have a slightly higher effectiveness.



#### *Combination Oral Contraceptives or “The Pill”*

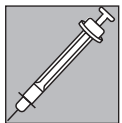
Combination oral contraceptives contain both estrogen and progestin. The American Academy of Pediatrics has approved the use of low-dose OCs in breastfeeding women once milk production is well established. If OCs are chosen, they can be started 6 weeks after birth.

Some clinicians prefer breastfeeding women use nonhormonal methods or the minipill because estrogen has been shown to reduce the milk supply. While small amounts of hormones may pass to the infant through breast milk, no detrimental effects to infants have been observed. A long-term Swedish study has found no harmful effects on the development of children whose mothers used OCs during breastfeeding.



#### *Subdermal Implants*

Implants consist of six capsules inserted just beneath the skin of a woman’s upper arm. They contain the hormone levonorgestrel, a female hormone. They do not affect the growth or health of breastfed infants. In many countries, capsules are inserted immediately after birth. In the U.S., Food and Drug Administration guidelines recommend waiting 6 weeks until nursing is well established.



#### *Injectable Contraception or “The Shot”*

Injectable contraception can be safely used during breastfeeding and does not suppress milk production. At least one study suggests that this method of contraception may have a beneficial effect on the quality of breast milk in terms of its fat concentration, calories, minerals, and protein composition.

### **REMEMBER...**

*If you are at risk of a sexually transmitted disease (STD), use latex condoms to protect yourself. Sexually transmitted infections can happen to anyone who is sexually active, even during breastfeeding. Don’t stop taking or using your birth control method on your own. Always call your clinician to talk things over.*